



Health Savings Account (H.S.A.) 2016 Contribution Form



(For re-enrollment purposes only)

This form is only for employees currently enrolled in the High Deductible Plan with H.S.A. for plan year 2015. If you have a deduction for 2015, it will stop with the last payroll in the plan year (December). If you wish to make an election for a pre-tax deduction into the H.S.A. for 2016 complete this form. By completing this form, you are certifying that you are enrolled in the H.S.A. – qualified High Deductible Health Plan (HDHP) offered by Williamson County and that you are not covered by any other healthcare plan that is not an HDHP for the plan year of 2016.

Employee Information: (Print Clearly & Legibly)

Employee Name: _____ SSN# _____ DOB: _____ M or F
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____

Contribution Information: Plan Year 2016

The annual contribution you elect will be split up over the pay periods for the plan year (January 1, 2016 – December 31, 2016). Once the amount has been elected, you cannot change it again until your next eligible enrollment period (open enrollment or qualifying event).

The IRS places a limit on the maximum amount that can be contributed to H.S.A. accounts. If over the age of 55, an employee may make an additional catch up deduction of up to \$1,000 annually. All maximums listed below are set for combined coverage. This means if you & your spouse have separate H.S.A. accounts, you both may not exceed a combined total of \$6,750. For example, if you contribute \$6,750 annually, your spouse may not contribute anything to his/her H.S.A. as this would exceed the IRS's mandated yearly maximum limit. Please keep in mind, any employer contribution made from Williamson County will also count as part of your individual or family maximums.

Maximum annual contribution limits as mandated by the IRS for 2016:

Under Age 55:	Over Age 55:
Employee Only HDHP..... \$3,350	Employee Only HDHP..... \$4,350
Employee+1/Family HDHP..... \$6,750	Employee+1/Family HDHP..... \$7,750

Maximum Employer contributions: (2016 Plan Year)

Employee Only HDHP.....**\$500.00 (Pro-rated)**
Employee+1/Family HDHP.....**\$1000.00 (Pro-rated)**

Completion of Biometric Screening & Health Risk Assessment: (2016 Plan Year)

Employee**\$125.00**
Spouse.....**\$125.00** (if enrolled in plan)

Determining your Annual Deduction: (Use the guidelines above)

My Annual Election cannot exceed		\$
My Employer Contribution for 2016	(-)	\$
My H.R.A. & Biometric Screening	(-)	\$
My Spouse's H.R.A. & Biometric Screening	(-)	\$
My Annual Election can be no more than	=	\$

This worksheet will help demonstrate the maximum you can contribute to your H.S.A. in 2016. Your election can be any amount up to what has been calculated in the 'My Annual Election can be no more than' line.

Employee Authorization and Annual Contribution Election:

I elect to contribute: \$ _____ annually to my Health Savings Account for the Tax Year of 2016.
(Annual amount to be divided over all pay periods between January 1, 2016 and December 31, 2016)

By signing below, I authorize WCG/BOE to withhold my contribution for this plan from my pay on a pre-tax basis. I agree to all terms and conditions of continued enrollment in the Williamson County Health Savings Account, as such exist on the date of my enrollment, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment elections. *Your contributions, tax savings and future values may vary based on multiple factors, including income and regulatory changes. No part of the Williamson County Benefits Department, including materials on our website, provides or is intended to provide tax or investment advice. You should consult a professional tax advisor to determine what is appropriate for your personal situation.

Employee Signature: _____ Date: _____

Return completed form to the Williamson County Benefits Department on or before November 5, 2015. If you have questions regarding your HSA or completing this form please contact Toni Atib at 615-790-5600 or by email at tonia@williamson-tn.org • toni.atib@wcs.edu